

COLON CFR (Four Year Follow-Up Questionnaire)

Section 1: Identification, Introduction

Name: «firstName» «surName»

Date / /
month day year

You completed the first questionnaire/health survey for us in «eventMonth» «eventYear». The questions on this survey are about the time period since that interview.

1. What is your age today?
2. What is your date of birth? Date / /
month day year

Section 2: Personal Medical History, Medications, Screening

The next questions ask about medical tests you might have had since you completed the first questionnaire in «eventYear».

A fecal occult blood test (FOBT) is a test using specially treated cards to detect the presence of blood in the stool. It is also called a stool smear test or a hemoccult test. This test may be done as part of a routine physical exam, or at home using a kit that contains 3 cards.

3. Since the date of your first questionnaire («personId»), have you had a fecal occult blood test (FOBT)?
 - yes go to next question
 - no →go to question 4
 - don't know → go to question 4

(if yes)

- 3a. Since the date of your first questionnaire, how many separate tests have you had?

enter number of tests since first questionnaire
 don't know

- 3b. When did you have the most recent test?

enter age at most recent FOBT or
 enter year of most recent FOBT or
 enter number of years since most recent FOBT
 don't know

- 3c. What were the reasons for the most recent test? (select all that apply)

to investigate a new problem
 family history of colorectal cancer
 routine exam or check-up
 follow-up of a previous problem
 other, specify: _____
 don't know

There are two procedures that look inside the bowel using a lighted tube. In a sigmoidoscopy, the examination is limited to the lower colon (bowel) and rectum and is usually done in a doctor's office without anesthesia.

In a colonoscopy, the entire large colon (bowel) is examined and a medication in a vein is usually given to relax you or make you sleepy. In preparing for the colonoscopy, you may have had an enema suppository or solution inserted into the rectum, or you would have taken between ¼ and 1 gallon of liquid preparation, such as Golytely or oral fleets, the day before the procedure to empty your bowels. You may also have been on a liquid diet.

4. Since the date of your first questionnaire («personId»), have you had a sigmoidoscopy?

- yes go to next question
 no → go to question 5
 don't know → go to question 5

(if yes)

4a. Since the date of your first questionnaire, how many separate sigmoidoscopies have you had?

(enter number of sigmoidoscopies since first questionnaire) ___ ___

don't know

4b. When did you have the most recent sigmoidoscopy?

- (enter age at most recent sigmoidoscopy) ___ ___ or
 (enter year of most recent sigmoidoscopy) ___ ___ or
 (enter number of years since most recent sigmoidoscopy) ___ ___
 don't know

4c. What were the reasons for the most recent sigmoidoscopy? (*select all that apply*)

- to investigate a new problem
 family history of colorectal cancer
 routine exam or check-up
 follow-up of a previous problem
 other: _____
 don't know

5. Since the date of your first questionnaire («personId»), have you had a colonoscopy?

- yes go to next question
 no → go to question 6
 don't know → go to question 6

(if yes)

5a. Since the date of your first questionnaire, how many separate colonoscopies have you had?

(enter number of colonoscopies since first questionnaire) ___ ___

don't know

5b. When did you have the most recent colonoscopy?

- (enter age at most recent colonoscopy) ___ ___ or
 (enter year of most recent colonoscopy) ___ ___ or
 (enter number of years since most recent colonoscopy) ___ ___
 don't know

5c. What were the reasons for the most recent colonoscopy? (select all that apply)

- to investigate a new problem
- family history of colorectal cancer
- routine exam or check-up
- follow-up of a previous problem
- other: _____
- don't know

A barium enema (BE) is an x-ray examination of your colon. In this procedure, a barium solution, and usually air, is infused into the colon (bowel) through the rectum, allowing the organs to be seen on x-ray.

6. Have you ever had a barium enema/x-ray test?

- yes go to next question
- no → go to question 7
- don't know → go to question 7

(if yes)

6a. How many separate barium enemas have you had?

(enter total number of barium enemas) ___ ___

- don't know

6b. When did you have the first barium enema?

(enter age at first barium enema) ___ ___ or

(enter year of first barium enema) ___ ___ ___ or

(enter number of years since first barium enema) ___ ___

- don't know

6c. What were the reasons for the first barium enema? (*select all that apply*)

- to investigate a new problem
- family history of colorectal cancer
- routine exam or check-up
- follow-up of a previous problem
- other, specify: _____
- don't know

6d. When did you have the most recent barium enema?

(enter age at most recent barium enema) ___ ___ ___ or

(enter year of most recent barium enema) ___ ___ ___ or

(enter number of years since most recent barium enema) ___ ___

- don't know

6e. What were the reasons for the most recent barium enema? (*select all that apply*)

- to investigate a new problem
- family history of colorectal cancer
- routine exam or check-up
- follow-up of a previous problem
- other: _____
- don't know

7. Have you ever had a colonograph, (CT) also known as CAT scan or computerized tomography, also known as a virtual colonoscopy? This is a procedure that uses a CT scan to create an image of the colon and takes only a few minutes. In preparing for the virtual colonoscopy, you may have had an enema or taken a liquid preparation, such as Golytely or oral fleets, the day before the procedure to empty your bowels. This procedure is not widely available at this time. Do not include whole body scan.

- yes
- no
- don't know

8. Since the date of your first questionnaire has a doctor told you that you had polyps in your large bowel or colon or rectum? Be sure to think about all polyps that were found in any of the procedures you had since your first questionnaire—not just ones that may have been found during your most recent procedure.

- yes go to next question
- no → go to question 9
- don't know → go to question 9

(if yes)

8a. Since the date of your first questionnaire («personId») have you had any polyps removed?

- yes go to next question
- no → go to question 9
- don't know → go to question 9

(if yes)

8b. Since the date of your first questionnaire, on how many separate occasions have you had polyps removed?

(enter number of polypectomies since first questionnaire) __ __
 don't know

8c. Since the date of your first questionnaire, when did you first have polyps removed?

age at __ __ or
year of ____ or
years since __ __
 don't know

8d. Since the date of your first questionnaire, when did you next have polyps removed?

age at __ __ or
year of ____ or
years since __ __
 don't know

8e. Since the date of your first questionnaire, when did you next have polyps removed?

age at __ __ or
year of ____ or
years since __ __
 don't know

9. Since the date of your first questionnaire («personId»), have you had surgery to remove any of your colon or large bowel?

- yes go to next question
- no → go to question 10
- don't know → go to question 10

(if yes)

9a. Since your first questionnaire, how many surgeries on your colon (bowel) have you had?

(enter number of surgeries since first questionnaire) ___

- don't know

9b. Since the date of your first questionnaire, when did you first have this surgery?

(age at surgery) ___ or

(year of surgery) ___ or

(years since surgery) ___

- don't know

9c. During that surgery, was your colon completely or only partially removed?

- completely
- partially
- don't know

9d. What were the reasons for that surgery? *(select all that apply)*

- cancer
- diverticular disease
- ulcerative colitis
- inflammatory bowel disease
- Crohn's disease
- other, specify: _____
- don't know

(if number of surgeries = 1 (→ go to question 10)

(if number of surgeries is more than 1 (→ go to next question)

9e. Since the date of your first questionnaire, when did you next have this surgery?

(age at surgery) ___ or

(year of surgery) ___ or

(years since surgery) ___

- don't know

9f. During that surgery, was your colon completely or only partially removed?

- completely
- partially
- don't know

9g. What were the reasons for that surgery (select all that apply)

- cancer
- diverticular disease
- ulcerative colitis
- inflammatory bowel disease
- Crohn's disease
- other, specify: _____
- don't know

(if number of surgeries =2 (→ go to question 10)

(if number of surgeries is more than 2 (→ go to next question)

9h. Since the date of your first questionnaire, when did you next have this surgery?

(age at surgery) __ __ or

(year of surgery) _ _ _ _ or

(years since surgery) __ __

- don't know

9i. During that surgery, was your colon completely or only partially removed?

- completely
- partially
- don't know

9j. What were the reasons for that surgery (select all that apply)

- cancer
- diverticular disease
- ulcerative colitis
- inflammatory bowel disease
- Crohn's disease
- other, specify: _____
- don't know

Cancer History

10. Since the date of your first questionnaire («personId»), has a doctor told you that you had any type of cancer, leukemia or malignant tumor?

- yes go to next question
- no → go to question 13
- don't know → go to question 13

CANCER CODES		
10 abdominal	22 intestinal	33 rectal
11 basal cell carcinoma	23 kidney	34 skin-basal or squamous cell carcinoma
12 bladder	24 leukemia (acute, chronic, other)	35 spinal
13 blood	25 liver	36 squamous cell carcinoma
14 bone	26 lung	37 stomach
15 brain	27 lymphoma, Hodgkins	38 testicular
16 breast	28 melanoma	39 throat
17 cervical	29 non-Hodgkins lymphoma (lymph, lymphatic)	40 thyroid
18 colon	30 ovarian	41 uterine
19 colorectal	31 pancreatic	42 other (specify): _____
20 endometrial	32 prostate	99 don't know
21 esophageal		

(if yes)

1st cancer

10a. What type of cancer was it? (enter code) ___ ___ (pick from above cancer codes) other _____

10b. When did your doctor first tell you that you had this type of cancer?

(enter age at diagnosis) ___ ___ ___ or
 (enter year at diagnosis) ___ ___ ___ ___ or
 (enter years since diagnosis) ___ ___

don't know

11. Were you diagnosed with another kind of cancer since your first questionnaire?

- yes go to next question
- no → go to question 13
- don't know → go to question 13

(if yes)

2nd cancer

11a. What type of cancer was it? (enter code) ___ ___ other _____

11b. When did your doctor first tell you that you had this type of cancer?

(enter age at diagnosis) ___ ___ ___ or
 (enter year at diagnosis) ___ ___ ___ ___ or
 (enter years since diagnosis) ___ ___

don't know

12. Were you diagnosed with another kind of cancer since your first questionnaire?

- yes go to next question
- no → go to question 13
- don't know → go to question 13

(if yes)**3rd cancer**

- 12a. What type of cancer was it? (enter code) __ __ other _____
 12b. When did your doctor first tell you that you had this type of cancer?

(enter age at diagnosis) __ __ __ or
 (enter year at diagnosis) __ __ __ __ or
 (enter years since diagnosis) __ __

don't know

Medications

These next questions ask about medications you may have taken since your first questionnaire «personId», beginning with a number of types of common pain relievers such as aspirin, NSAIDS and acetaminophen.

13. Since the date of your first questionnaire («personId»), have you ever taken aspirin, such as Anacin, Bufferin, Bayer, Excedrin, or Ecotrin, at least 2 times a week for more than a month?

- yes go to next question
 no →go to question 14
 don't know → go to question 14

(if yes)

- 13a. Since the date of your first questionnaire, how often did you take aspirin, when you were using it at least 2 times a week for more than a month?

(enter times per day) __ __ __ or
 (enter times per week) __ __ __

don't know

- 13b. Since your first questionnaire, how many months or years in total did you take aspirin at least 2 times a week for more than a month?

(enter number of months) __ __ __ or
 (enter number of years) __ __ __

don't know

14. Since the date of your first questionnaire («personId»), have you ever taken any other non-steroidal anti-inflammatory drugs such as ibuprofen, Advil, Aleve, Motrin, Nuprin, or Medipren, at least 2 times a week for more than a month? *(Do not include cox-2 inhibitors.)*

- yes go to next question
 no →go to question 15
 don't know → go to question 15

(if yes)

- 14a. Since the date of your first questionnaire, how often did you take this type of medication (ibuprofen, Advil, Aleve, Motrin, Nuprin, or Medipren), when you were using it at least 2 times a week for more than a month?

(enter times per day) __ __ __ or
 (enter times per week) __ __ __

don't know

- 14b. Since your first questionnaire, how many months or years in total did you take this type of medication (ibuprofen, Advil, Aleve, Motrin, Nuprin, Medipren), at least 2 times a week for more than a month?

(enter number of months) ___ ___ ___ or
 (enter number of years) ___ ___ ___
 don't know

15. Since the date of your first questionnaire «personId», have you ever taken a special type of NSAID such as Celebrex, Celecoxib, Vioxx, Rofecoxib, Bextra, or Valdecoxib, also known as COX-2 inhibitors, at least 2 times a week for more than a month?

- yes go to next question
 no → go to question 16
 don't know → go to question 16

(if yes)

- 15a. Since the date of your first questionnaire, how often did you take this medication (Celebrex, Celecoxib, Vioxx, Rofecoxib), when you were using it at least 2 times a week for more than a month?

(enter times per day) ___ ___ ___ or
 (enter times per week) ___ ___ ___
 don't know

- 15b. Since your first questionnaire, how many months or years in total did you take this type of medication (Celebrex, Celecoxib, Vioxx, Rofecoxib), at least 2 times a week for more than a month?

(enter number of months) ___ ___ ___ or
 (enter number of years) ___ ___ ___
 don't know

16. Since the date of your first questionnaire («personId»), have you ever taken acetaminophen-based medications, such as Tylenol, Anacin-3, or Panadol, at least 2 times a week for more than a month?

- yes go to next question
 no → go to question 17
 don't know → go to question 17

(if yes)

- 16a. Since the date of your first questionnaire, how often did you take this type of medication (acetaminophen-based medications), when you were using it at least 2 times a week for more than a month?

(enter times per day) ___ ___ ___ or
 (enter times per week) ___ ___ ___
 don't know

- 16b. Since your first questionnaire, how many months or years in total did you take this type of medication (acetaminophen-based medications) at least 2 times a week for more than a month?

(enter number of months) ___ ___ ___ or
 (enter number of years) ___ ___ ___
 don't know

17. Since the date of your first questionnaire («personId»), have you taken multivitamin pills or tablets, not individual vitamins, at least 2 times a week for more than a month?

- yes go to next question
 no →go to question 18
 don't know → go to question 18

(if yes)

17a. Since the date of your first questionnaire, how often did you take multivitamin pills or tablets, when you were using it at least 2 times a week for more than a month?

(enter times per day) ___ ___ ___ or

(enter times per week) ___ ___ ___

don't know

17b. Since the date of your first questionnaire, how many months or years in total did you take multivitamins at least 2 times a week for more than a month?

(enter number of months) ___ ___ ___ or

(enter number of years) ___ ___ ___

don't know

18. Since the date of your first questionnaire («personId»), have you taken folic acid or folate pills or tablets at least 2 times a week for more than a month?

- yes go to next question
 no →go to question 19
 don't know → go to question 19

(if yes)

18a. Since the date of your first questionnaire, how often did you take folate or folic acid, when you were using it at least 2 times a week for more than a month?

(enter times per day) ___ ___ ___ or

(enter times per week) ___ ___ ___

don't know

18b. Since your first questionnaire, how many months or years in total did you take folate or folic acid at least 2 times a week for more than a month?

(enter number of months) ___ ___ ___ or

(enter number of years) ___ ___ ___

don't know

19. Since the date of your first questionnaire («personId»), have you taken calcium pills or tablets (not including antacids) at least 2 times a week for more than a month?

- yes go to next question
 no →go to question 20
 don't know → go to question 20

(if yes)

19a. Since the date of your first questionnaire, how often did you take calcium pills, when you were using it at least 2 times a week for more than a month?

(enter times per day) ___ ___ ___ or
 (enter times per week) ___ ___ ___
 don't know

19b. Since your first questionnaire, how many months or years in total did you take calcium at least 2 times a week for more than a month?

(enter number of months) ___ ___ ___ or
 (enter number of years) ___ ___ ___
 don't know

20. Since the date of your first questionnaire («personId»), have you taken calcium-based antacids such as Tums, Rolaid, extra-strength Rolaid, Alka-mint, Chooz antacid gum at least 2 times a week for more than a month?

- yes go to next question
 no →go to question 21
 don't know → go to question 21

(if yes)

20a. Since the date of your first questionnaire, how often did you take calcium-based antacids, when you were using it at least 2 times a week for more than a month?

(enter times per day) ___ ___ ___ or
 (enter times per week) ___ ___ ___
 don't know

20a. Since your first questionnaire, how many months or years in total did you take calcium-based antacids at least 2 times a week for more than a month?

(enter number of months) ___ ___ ___ or
 (enter number of years) ___ ___ ___
 don't know

Weight

21. How much do you currently weigh?

(enter pounds) ___ ___ ___
 or
 (enter kilos) ___ ___
 (don't know)

Ethnicity

22. Do you consider yourself to be hispanic or latino? (select one)

- Yes (hispanic or latino:) *A person of mexican, puerto rican, cuban, south or central american or other spanish culture or origin, regardless of race.*
- No (not hispanic or latino)
- don't know

23. What is your race ? (select all that apply)

- Caucasian/White
- African American/Black (*except African; except Caribbean*)
- Japanese (*includes Okinawan*)
- Chinese
- Filipino, Malay, Indonesian
- Korean
- Southeast Asian: such as Vietnamese, Laotian, Thai, Hmong, Kampuchean (*except Chinese*)
- South Asian: such as Indian, Pakistani, Sri Lankan
- Native American, Inuit, Aleutian, First Nations Person
- Polynesian: such as Hawaiian, Maori, Samoan, Tongan, Tahitian, Cook Islander
- Micronesian: such as Chamorran
- Australian Aboriginal
- Melanesian: such As Fijian, New Guinean
- Caribbean Black: such as Jamaican, Trinidadian, Tobagonian
- Central/South American: such as Costa Rican, Salvadorian, Colombian, Brazilian
- Black African
- North African: such as Egyptian, Algerian, Moroccan
- Middle Eastern: such As Iranian, Lebanese, Kuwaiti, Saudi
- Other _____
- Unknown/don't know

Section 3: Reproductive History, HRT (Hormone Replacement Therapy) (only if female)
 (if male → go to Section 4)

24. Since the date of your first questionnaire («personId»), have you been prescribed an estrogen pill or patch, alone or in combination with another hormone that you used for 6 months or longer?

- yes go to next question
 no → go to question 25
 don't know → go to question 25

(if yes)

24a. In total, how many months or years did you take estrogen (in any form)?

- (enter number of months) ___ ___ or
 (enter number of years) ___ ___
 don't know

25. Since the date of your first questionnaire have you had any surgeries on your ovaries and/or uterus?

- yes go to next question
 no → go to question 26
 don't know → go to question 26

(if yes)

25a. What type of gynecologic surgery did you have?

- hysterectomy along with removal of one ovary or part of one ovary
 hysterectomy along with both ovaries removed
 hysterectomy only (only the uterus or womb was removed)
 one ovary was removed, in whole or part, without hysterectomy
 both ovaries were removed, without hysterectomy
 other, specify _____
 don't know

25b. When did you (since your first questionnaire) first have this surgery?

- (age at surgery) ___ ___ or
 (year of surgery) ___ ___ ___ or
 (years since surgery) ___ ___
 don't know

25c. Since that surgery, have you had any other surgeries on your ovaries and/or uterus?

- yes go to next question
 no → go to question 26
 don't know → go to question 26

(if yes)

25d. What type of surgery did you have?

- hysterectomy along with removal of one ovary or part of one ovary
- hysterectomy along with both ovaries removed
- hysterectomy only (only the uterus or womb was removed)
- one ovary was removed, in whole or part, without hysterectomy
- both ovaries were removed, without hysterectomy
- other, specify _____
- don't know

25e. When did you (since your first questionnaire) first have this surgery?

- (age at surgery) __ __ or
- (year of surgery) __ __ __ __ or
- (years since surgery) __ __
- don't know

Section 4: Behavioral/Genetic Testing

The next questions are about how you feel about your health. There are no wrong answers; we just want to know what you think about these issues. (Skip questions 26 & 27 if you have ever been diagnosed with colorectal cancer.)

26. Do you think your chance of getting colon (bowel) cancer is higher or lower than the average person of your age and sex?

- much lower
- somewhat lower
- the same
- somewhat higher
- much higher

27. Have you ever had a blood test to look for genes for colorectal cancer as part of your health care? (Do not include tests conducted as part of this research study or other research studies)

- yes
- no
- don't know

28. In general would you say your health is

- excellent
- very good
- good
- fair
- poor
- don't know

Following are some activities you might do during a typical day. We want to know if your health now limits you in these activities. Please indicate the degree to which these activities limit.

29. Are you limited in doing moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?

- yes, limited a lot
- yes, limited a little
- no, not limited at all
- don't know

30. Are you limited in climbing several flights of stairs?

- yes, limited a lot
- yes, limited a little
- no, not limited at all
- don't know

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? *(Please indicate the degree to which you have been affected.)*

31. In the past 4 weeks, to what degree have you accomplished less than you would like?

- all of the time
- most of the time
- some of the time
- a little of the time
- none of the time
- don't know

32. In the past 4 weeks, to what degree have you been limited in the kind of work you can do or other activities.

- all of the time
- most of the time
- some of the time
- a little of the time
- none of the time
- don't know

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious). *(Please indicate the degree to which you have been affected.)*

33. During the past 4 weeks, to what degree have you accomplished less than you would like?

- all of the time
- most of the time
- some of the time
- a little of the time
- none of the time
- don't know

34. During the past 4 weeks, to what degree did you do work or other activities less carefully than usual?

- all of the time
- most of the time
- some of the time
- a little of the time
- none of the time
- don't know

35. During the past 4 weeks, to what degree did pain interfere with your normal work, including both work outside the home and housework?

- not at all
- a little bit
- moderately
- quite a bit
- extremely
- don't know

These questions are about how you feel and how things have been with you during the past 4 weeks. *(Please indicate the degree to which you have been affected.)*

36. During the past 4 weeks have you felt calm and peaceful?

- all of the time
- most of the time
- some of the time
- a little of the time
- none of the time
- don't know

37. During the past 4 weeks have you had a lot of energy?

- all of the time
- most of the time
- some of the time
- a little of the time
- none of the time
- don't know

38. During the past 4 weeks, to what degree has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)

- all of the time
- most of the time
- some of the time
- a little of the time
- none of the time
- don't know

Section 5: Contact Information

In case we need to contact you in the future and you have moved, could we have the name of someone who is not living with you to whom we might write or call for your new address?

Name of relative or friend:

Name: _____

Relationship: _____

Address: _____

Phone: _____